| Effective October 1, 2003  |  |   |                 |   |                              |                          |                   |        |                        |                     |                           | 0                      |  |
|--|--|---|-----------------|---|------------------------------|--------------------------|-------------------|--------|------------------------|---------------------|---------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                 |   |                              |                          | SMALL ENTITY TYPE |        |                        | OR                  | OTHER<br>SMALL I          |                        |  |
| TOTAL CLAIMS   |  |   | ·· -            |   |                              |                          | RAT               | E      | FEE                    |                     | RATE                      | FEE                    |  |
| FOR  |  |   | NUMBER FILED    |   | NUMBER EXTRA                 |                          | BASIC             | FEE    | 385 00                 | PIO                 | BASIC FEE                 | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20=       |   | *                            |                          |                   | X\$ 9= |                        | OR                  | X\$18=                    |                        |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 =       |   | *                            |                          | X43               | X43=   |                        | OR                  | X86=                      |                        |  |
|  | LTIPLE DEPEN                                   | L   | <u> </u>        |   |                              |                          |                   | 145    |                        |                     |                           |                        |  |
| <u> </u>   |  |   |                 |   |                              |                          |                   | +145=  |                        |                     | +290=                     |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL                       |  |   |                 |   |                              |                          |                   |        |                        |                     | TOTAL                     | 711001                 |  |
| 5-21-04 CLAIMS AS AMENDED - PART II 5-21-04 SMALL ENTIT  |  |   |                 |   |                              |                          |                   |        | ENTITY                 | OR                  | OTHER THAN R SMALL ENTITY |                        |  |
| AMENDMENT A  |  | (Column 1) CLAIMS REMAINING AFTER           |                 | (Colur<br>HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY         | (Column 3) PRESENT EXTRA | RAT               |        | ADDI-<br>TIONAL<br>FEE |                     | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | * AMENDMENT                                 | Minus           | **                                      | 2/                           | =                        | X\$ 9             | =      |                        | OR                  | X\$18=                    |                        |  |
|  | Independent                                    | . 3   | Minus           | ***                                     | 4                            | =                        | X43               | _      |                        | OR                  | X86=                      | ·                      |  |
| Ā  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |   |                              |                          | +145              | =      |                        | OR                  | +290=                     |                        |  |
| TOTAL  |  |   |                 |   |                              |                          |                   |        |                        |                     | TOTAL<br>ADDIT. FEE       |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                 |   |                              |                          |                   |        |                        | J                   | ADDII. PEE                |                        |  |
| MENDMENT B   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                 | HIGH<br>NUM<br>PREVI                    | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA         | RAT               | Ε      | ADDI-<br>TIONAL<br>FEE |                     | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus           | **                                      |                              | =                        | X\$ 9             | )=     |                        | OR                  | X\$18=                    |                        |  |
|  | Independent                                    | *   | Minus           | ***                                     |                              | =                        | X43               | =      |                        | OR                  | X86=                      |                        |  |
| A  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |   |                              |                          |                   | ;=     |                        | OR                  | +290=                     |                        |  |
| TOTAL  |  |   |                 |   |                              |                          |                   |        | OR                     | TOTAL<br>ADDIT. FEE |                           |                        |  |
| ADDIT. FEE   |  |   |                 |   |                              |                          |                   |        |                        | ,                   | ADDII. PEE                | <u> </u>               |  |
|  |  | (Column 1)<br>CLAIMS                        | 1               |   | mn 2)<br>HEST                | (Column 3)               | ]                 | _      | ADDI-                  |                     |                           | ADDI-                  |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT             |                 | NUM<br>PREVI                            | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA         | RAT               | Ε      | TIONAL<br>FEE          |                     | RATE                      | TIONAL<br>FEE          |  |
|  | Total  | *   | Minus           | **                                      |                              | =                        | X\$ 9             | )=     |                        | OR                  | X\$18=                    |                        |  |
|  | Independent                                    | *   | Minus           | ***                                     |                              | =                        | X43               | =      |                        | OR                  | X86=                      |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |   |                              |                          | ]                 |        |                        | Š                   | +290=                     |                        |  |
| +145= +145= TOTAL  |  |   |                 |   |                              |                          |                   |        |                        | OR                  | TOTAL                     |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE |  |   |                 |   |                              |                          |                   |        |                        | OR                  | ADDIT. FEE                | <u></u>                |  |
| *****  | If the "Highest Nu<br>The "Highest Nur         | imber Previously F<br>nber Previously Pa    | aid For" (Total | or Independ                             | dent) is the                 | e highest numb           | er found in th    | e ap   | propriate bo           | x in co             | olumn 1.                  | •                      |  |

Application or Docket Number